

Change of Program



Name _____

Address _____

City, State, Zip _____

Phone _____

Student ID# _____

E-mail Address _____

Complete this form
and return to the TSTC
Financial Aid Office.

SECTION I – To be completed by student

Please print information below. Complete Student Section then take form to your Department Advisor. When Department Advisor completes Section II, return form to the Financial Aid Office.

- What program are you in now? _____ List all previous programs _____
Did you complete program(s) listed above?
 - Yes. When did you graduate? _____ Certificate Degree
 - No. Explain: _____
- What program do you wish to enter? _____ When? (indicate semester) _____
Expected graduation date? _____
- Why are you selecting this program? Explain how you will benefit from this program more than or in addition to, the other program(s) you have studied. How does it meet your educational employment goals?

Student Signature _____ Date _____

SECTION II – To be completed by Department Advisor

Please print information below and complete all questions.

- I have met with the student concerning this change of program. In my opinion, this student will will not benefit from training in the new program that he/she has requested below.
- Will any courses transfer into the new program? Yes No If yes, which courses?
(Course number and number of credits) _____
- The student and I have discussed: Satisfactory progress Educational Goals Employment Goals

Advisor's Signature _____ Date _____

SECTION III - To be completed by Financial Aid

Your request for a Program Change has been Approved Disapproved. You have _____ semesters of Financial Aid remaining under the _____ program. You will will not be on Financial Aid Probation/Suspension.

Comments: _____

Financial Aid Representative Signature _____ Date _____

For Office Use Only: CRI Code: **FAC09CP** Date Entered: _____ Initials: _____ Date Scanned: _____ Initials: _____